

Eidgenössische Technische Hochschule Zürich Swiss Federal Institute of Technology Zurich

**IBWS Institut für Bewegungswissenschaften und Sport** HIT J 32, Wolfgang-Pauli-Strasse 27, CH-8093 Zürich Eva van het Reve

\_Health questionnaire. Study. - Code: 1. General Questions Name: \_\_ Age: \_\_\_\_ Gender  $\Box$  female  $\square$  male **Educational background** □ primary school □ vocational education □ Secondary school □ University/College Your general Profession was ☐ in sitting position □ moderately physical activity □ heavily physical activity □ hard work 2. Health Questions How do you estimate your health at the moment? □ middle □ I don't know □ very good □ good □ bad How do you estimate your health compared to people with the same age?  $\square$  equal □ better ☐ I don't know How do you estimate your balance skills at the moment? □ very good □ good □ middle □ bad □ I don't know Did your general practitioner find one of the following problems? ☐ I don't know Diabetes mellitus □ yes □no Neuronal Impairment through Diabetes (Polyneuropathy) □ yes □no ☐ I don't know **Hypertension** □ yes □ no ☐ I don't know Cardiac insufficiency ☐ I don't know □ yes □ no Hearth attack ☐ I don't know □ yes □ no Stroke □ ves □ no □ I don't know Cancer □ no ☐ I don't know □ yes Respiratory disease ☐ I don't know □ yes □ no Gastro-Intestinal disease □ yes □ no □ I don't know Which one? Joint disease (Rheumatism, Arthrosis, Gout) ☐ I don't know □ yes  $\Box$  no ☐ I don't know Osteoporosis □ yes  $\square$  no ☐ I don't know Eye disease □ yes  $\square$  no Which one? Which medicine do you take regularly? (Type, Doses, Frequency, e.g. ASS 100, daily, 1 Pill) How often do you feel pain? □ not every day □no  $\square$  daily How intensive do you feel the pain? □ moderately □ lightly □ sometimes unbearable pain

Where do you feel pain? (Location)



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	Back pain Bone pain Chest pain d Head pain Hip pain Sore pain Joint pain (o Muscle pain Stomach	ther thar	n hip)				
	learing proble			□yes			
	'ision problem Dizziness:	IS:		□ yes			
	oroblems:		□yes	-			
			_ , 50				
3. Flexibilit			vour flovibility	,			
Do you suffer fro	om ieg pam i ⊃ves	alwavs	Ves sometim	? 188	□ no	□ I don't know	
Foot sores Varicose veins Arthrosis Knee problems	□ yes,	always	□ yes, sometim	165	□ no	☐ I don't know	
Arthrosis	□ yes,	always	□ yes, sometim	165	□ no	☐ I don't know	
Knee problems	□ ves.	always	□ ves. sometim	nes	□ no	☐ I don't know	
Hip problems	□ ves.	always	□ ves. sometim	nes	□ no	☐ I don't know	
Others:						_	
Do you need a w □ no □ How often did yo	Crane		king frame				
	1	□>1					
How often in a w Go for a walk: Gymnastics: Others:						g recreational activiti	es?
Did you do som	e sports earl	y in life1	?				
□ yes □ no	Why d	id you st	top?				
Have you ever p □ yes □ no 4. Question What do you exp	Why d	id you st vention	top?				
Do you have any fears?							



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